PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ndicated unless correcte naintenance fee notifica	ed below or directed o	therwise in Block 1, by (a	a) specifying a new corres	spondence address;	and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	·	Block I for any change of address)	Fee pap	(s) Transmittal. This ers. Each additional	mailing can only be used for s certificate cannot be used paper, such as an assignment of mailing or transmission.	for any other accompanying ent or formal drawing, must
KENYON & KE 1500 K STREET	ENYON LLP	9/2007 W. O'Dowd	I he Stat add tran	reby certify that thi	ificate of Mailing or Trans s Fce(s) Transmittal is bein ith sufficient postage for fir Stop ISSUE FEE address O (571) 273-2885, on the o	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
WASHINGTON	I, DC 20005					(Depositor's name)
						(Signature)
•						(Date)
APPLICATION NO.	FILING DAT	3	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/396,407 09/15/1999		DAVID H. KOIZUMI		2207/6657	7402	
TITLE OF INVENTION	: MAGNETIC INK EN	CODING PEN			-	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	04/30/2007
EXAMINER ART UNIT CLASS-SUBCLASS 02/16/2007 #AH#ED2 00000692 11060					110600 09396407	
LU, TOM Y		2624	382-139000	61 FC:1581 1488.80 DA		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON						
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG		itified below, no assignce apletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY			locument has been filed for
INTEL COR	PORATION		Santa Clara, Calif.			
lease check the appropr	iate assignee category of	or categories (will not be pr	rinted on the patent) :	Individual 🚨 Co	rporation or other private gr	oup entity Government
a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5 (Five)			 Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the reapple fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 			
a. Applicant claim	tus (from status indicat	tus. See 37 CFR 1.27.	• •		L ENTITY status. See 37 C	(0)()
OTE: The Issue Fee an interest as shown by the	d Publication Fee (if re records of the United S	quired) will not be accepte ates Patent and Trademark	d from anyone other than to Office.	he applicant; a regis	stered attorney or agent; or t	he assignee or other party in
Authorized Signature		21		Date	14 Feb. 2007	
Typed or printed name Shawn W. O'Dowd				Registration N	o. <u>34,687</u>	
n application. Confiden ubmitting the completed his form and/or suggesting	tiality is governed by 3 d application form to the ions for reducing this b	5 U.S.C. 122 and 37 CFR are USPTO. Time will vary urden, should be sent to the	1.14. This collection is est depending upon the individual Chief Information Office	timated to take 12 n ridual case. Any cor er, U.S. Patent and	ne public which is to file (an inintes to complete, including mments on the amount of ti frademark Office, U.S. Dep SEND TO: Commissioner	ng gathering, preparing, and me you require to complete artment of Commerce, P.O.

This collection of information is rean application. Confidentiality is gubmitting the completed applications for real this form and/or suggestions for re Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.